

Role of Diskography After Negative Postmyelography CT Scans

We appreciate the letter of Drs. Laros and Leo [1] about our review article on the role of diskography after negative postmyelography CT scans [2]. Drs. Laros and Leo state that we started with an "erroneous assumption . . . that diskography is useful only for . . . disk herniation" [2]. In the same letter, they state that this technique is "justifiably under attack as a diagnostic test for any type of disk herniation." By inference, they must agree with our paper. We realize that disk herniation is not the only cause of back pain. The purpose of our paper was not to evaluate all causes of back pain, nor was it to decide whether diskography, as a diagnostic study, has any value outside disk herniations. Our orthopedic referrals were specifically to address the question of possible disk herniation. We made this point quite clear in our paper.

The second point that Laros and Leo bring up is the so-called tears of the annular ligament that allow fluid leakage from the nucleus pulposus, irritating the dural sac and nerve roots, resulting in chronic back pain [3]. The reference they cite, "The Inflammatory Effect of Nucleus Pulposus, a Possible Element in the Pathogenesis of Low Back Pain" [3] by McCarron et al., is interesting. However, we do not think that an inflammatory response elicited by the injection of homogenized autogenous nucleus pulposus into the lumbar epidural space in four dogs can be extrapolated at this stage to humans. For Drs. Laros and Leo to use this hypothesis to attack our work is, to say the least, premature. In that paper [3], one patient improved after anterior discectomy, who was discovered to have contrast material

leaking from the disk during diskography. Although a hypothesis can be made from a series of one patient and four dogs, it is by no way conclusive. If Laros and Leo believe this hypothesis, then they must, in fact, think that diskography should be done in all patients who have unexplained back pain. We have no personal experience with this entity (i.e., annular tears). None of our 15 patients had any leakage of contrast material into the dural sac. We think a series of 15 patients is only slightly more conclusive than a series of one patient.

The third point Laros and Leo discuss is the use of MR for the evaluation of annular tears. We agree that MR probably will replace diskography entirely. This is only more proof that diskography should not be done for suspected disk herniation after negative postmyelography CT scans.

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